

Hillgreen Care Limited

# Hillgreen Care Ltd - 13 Ruskin Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This inspection took place on the 23 and 29 June 2017 and the first day was unannounced.

The service had been rated Good following our inspection in December 2014 but there was a breach of the regulations with regard to medicines administration. A focussed inspection was carried out in June 2015 where we found there was a continuing breach with regard to medicines administration. We conducted a further follow up focussed inspection in September 2015 and found that the service had taken steps to address the medicines administration concerns.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service did not consistently provide hand wash and paper towels in bathrooms, toilets and the kitchen. There were some poor food hygiene practices by staff such as leaving out of date food in the fridge posing a risk that people might eat the food and become ill.

The staff supported people to attend health appointments and were knowledgeable about people's health support needs. However, they were not always keeping accurate and robust health records.

Some people using the service accessed a variety of activities in the local area with staff support. However activities provision within the service were limited as equipment and facilities for the activities such as the sensory room and the garden both required attention to make them inviting for people to use and enjoy. We made a recommendation that the service look at best practice in activities within the service setting.

Audits and monitoring by the management team took place however due to the above concerns we found that these were not effective and robust. The provider did not have enough oversight of the provision of the service to ensure that people always received safe and quality care.

The registered manager assessed people's support needs to ensure there was enough staff on duty. Staff received an induction and training to equip them to undertake their role and staff told us they felt well supported by the management team. There were good lines of communication between the management team, staff and people.

People told us they liked staff and other people at the service. We saw caring and respectful interactions by staff that maintained people's dignity and supported people to make choices in their daily living activities.

People told us that they felt safe at the service and staff had received training to understand their responsibilities to report safeguarding adult concerns appropriately. People had risk assessments and

behavioural support plans that identified risks and measures were taken to minimise the risk of harm to people and others.

Medicines were stored and administered in a safe manner.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and had applied for authorisations under the Deprivation of Liberty Safeguards (DoLS) appropriately for people living in the service to ensure their liberty were not unduly deprived.

Staff supported people to eat healthily and remain well hydrated.

People had person centred plans that detailed how they wished to be supported by staff. People were asked their views about their care and relatives views were included in the care planning.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 in regards to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Staff did not always follow good infection control practices the correct procedures with regards to food hygiene.

The sensory room and equipment and the garden were not being maintained to a good standard.

There were enough staff to meet the support needs of the people using the service and the provider implemented their recruitment policy and procedure.

Staff had received medicines administration training. Medicines were stored and administered in a safe manner.

People had individual risk assessments and behavioural plans to support staff to minimise the risk of harm.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff supported people to access the appropriate health care services however staff did not always keep consistent health records.

The service worked to the Mental Capacity Act 2005 and had applied for authorisations under the Deprivation of Liberty Safeguards for people who might have been deprived of their liberty in an appropriate and timely manner.

Staff supported people to eat healthily and to remain hydrated.

Staff received supervision sessions and training to support them to undertake their role.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People spoke and signed positively about staff and we saw caring interactions between staff and people.

**Good** ●

People were supported by staff to maintain their privacy and dignity.

People contributed to their care plans and people's relatives were involved in care planning.

People's care plans specified their religious and cultural support needs and staff provided appropriate support to ensure these needs were met.

### Is the service responsive?

The service was not always responsive. Most people undertook varied activities in the local area however the activities taking place within the service were limited.

People each had a person centred care plan that contained a life history and stated people's support needs for staff reference.

People's relatives told us they could raise complaints. They felt action would be taken when they raised a concern.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led. Although audits were taking place the management team had not identified and addressed the omissions in health records, infection control concerns and poor food hygiene practices.

There was a registered manager in post, who understood the needs of the people using the service. They ensured there were systems of communication between the management team, people and staff.

People and their relatives were asked their views with regard to the quality of care provided.

**Inadequate** ●

# Hillgreen Care Ltd - 13 Ruskin Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 29 June 2017 and the first day was unannounced.

One inspector carried out the inspection. Prior to the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met all four people using the service and spoke with them. One person made their views known by the use of hand signs. We case tracked two people's care records. This meant we reviewed all their associated documents such as care plans, risk assessments, medicine administration records and daily notes. We talked with three staff including a senior staff member, the registered manager and the deputy manager. We looked at three staff personnel files, this included recruitment documents, supervision and training records. We spoke with two visiting health and social care professionals during our visit.

Following our visit we spoke with one person's relative, a health and social care professional and the commissioning body.

# Is the service safe?

## Our findings

Support staff had received infection control training and undertook cleaning duties as part of their role, however there were areas of the service that had not been cleaned. In particular the sensory room was not maintained to an acceptable standard. The window sills were dusty with spilt drink stains and the surface of a dining table placed in the room was sticky and had a number of old tea/coffee mug stains. Sensory equipment was not maintained. The sensory light tube water was green and smelt offensive. Although most of the rest of the service was clean there were areas that had been overlooked. Skirting boards, the base of the stair rails, tops of light switches, and floor of the cleaning products cupboard were all dirty and had not been cleaned for a long time. We brought this to the attention of the deputy manager who arranged for the areas to be cleaned and the sensory light tube removed by the second day of inspection.

We saw that staff used protective equipment such as disposable gloves in an appropriate manner. However there were not comprehensive infection control measures in the service. We found there was a long handled dustpan and brush stored to one side in the kitchen it had not been cleaned after repeated use and was therefore an infection hazard. The kitchen, bathrooms and toilets did not always contain hand wash and paper towels to ensure people and staff could wash their hands effectively. The bathrooms did not contain pedal bins to dispose of items. Toilet rolls were not in an appropriate holder therefore people and staff handled the toilet rolls when they used them. This was poor infection control practice as it could be a source of cross infection. When we visited on the second day the deputy manager had taken action to address some of these concerns and undertook to ensure all of them would be addressed appropriately.

Staff had received food hygiene training but were not following safe food hygiene procedures. The fridge contained out of date items that if eaten could cause people to become unwell. A soup carton was dated with a sticker as opened on the 6 June 2017 was still in the fridge on the 23 June when we inspected. There was cooked meat left uncovered in an opened packet and two sausage rolls in a clear plastic bag with no date to indicate if they were safe to eat. One kitchen cabinet contained an opened and unsealed bag of dried pasta. These items were removed immediately by the deputy manager. We saw on our second day of inspection there were reminders for staff displayed in the kitchen to follow food hygiene procedures and to dispose of out of date food from the fridge.

The above concerns are a breach of Regulation 15 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

Staff had received training to administer medicines in a safe manner. One staff member administered the medicines to people whilst another staff member checked and counter signed to minimise the risk of an error being made. The medicines administration records (MAR), blister packs and medicines in boxes were counted and checked by the senior staff member on a daily basis. All MAR seen were completed without error or gaps. When people received as required (PRN) medicines there was a PRN procedure that gave clear guidelines for administration. The PRN guidelines had been signed by the GP to show that they were agreed and correct. Staff demonstrated they understood what the medicines were used for and there were guidelines describing possible adverse side effects for staff reference.

People told us they felt safe at the service and one person signed thumbs up that they felt safe. People confirmed they liked the staff and their fellow residents. There was poster information displayed to remind staff to report safeguarding adult concerns and recent staff meeting minutes referred to safeguarding adult scenario discussions to enhance staff knowledge. Staff had received safeguarding adults training and demonstrated to us they understood their responsibility to report safeguarding adult concerns. There had been one safeguarding adult incident reported in March 2017 to the appropriate bodies and people's relevant documentation had been amended following this incident to minimise the risk of occurrence.

A staff member told us, "Yes we have enough staff, some days too many staff and others less but there are enough." During our inspection there were enough staff on duty to take people out to their activities with the identified support they required. The registered manager had reorganised the staff rota following a reduction to the number of people living in the service. The rota was newly implemented the week of our inspection. The registered manager told us that all people's support needs had been identified and were being met and there would be an evaluation process to ensure it was effective.

The new rota specified one staff member to be on duty at night when previously there had been two staff due to the support needs of a person who had left the service. A female staff member was identified as required at night, as such only female staff were now requested to undertake night shifts. People living in the service at times demonstrated behaviours that challenged, however not all female staff had received training to manage challenging behaviour that was identified as necessary to work with certain people. We brought this to the attention of the registered manager who referred us to the guidelines for people's support at night. Guidelines had been adjusted to take into account people's mood and indicators that they may not be settled. In this instance a second staff member would be identified to support during the night shift.

The provider had a recruitment policy and procedures that they implemented to ensure staff were suitable to work with people who use their service. They obtained a range of checks before employing staff. These included employment and character references, criminal records checks and proofs of identity and address. The provider met with staff to discuss any concerns arising from the recruitment process and where necessary, undertook a risk assessment to ensure staff on-going suitability to work at the service.

People had risk assessments to keep them safe from harm. Examples of these included for the administration of medicines, the management of medical conditions such as epilepsy and diabetes, going out into the local area, use of the kitchen and personal evacuation plans in the event of an emergency. Risk assessments described the risks and detailed the actions to be taken to minimise the risk. There was a risk assessment for people who demonstrated behaviours that challenged and the assessment was used in conjunction with a positive behavioural support plan. The plan was detailed, covering the indicators of people's mood when settled and when becoming upset by using a 'traffic light' system to describe when people's indicators showed their mood was changing and becoming a risk for themselves and others. Each mood state described proactive actions for staff to take to acknowledge the person's feelings and where possible to maintain the person's happy and relaxed mood. There were also reactive actions for staff to take to manage any concerns in a safe and consistent manner.

## Is the service effective?

### Our findings

Staff were well informed about people's physical and mental health needs and provided people with support to access the appropriate health care. People had been supported to attend their GP, optician, dentist and annual health checks to ensure on-going good health. People were also supported to attend clinics for known health conditions, such as psychiatric appointments and medicines reviews.

The staff monitored people's health and had made appropriate referrals such as for speech and language therapy assessments when they had identified a concern. However some health monitoring charts were not kept in a robust manner. On the first day of inspection we found that some monthly weight recordings for one person were missing. The deputy manager could not show us where the missing monthly recordings were, although was certain the person had been weighed. On the second day of our visit we were shown that the weight had at times been recorded on a different document. Whilst we accepted the recordings had been made, having them on two different documents meant it would be difficult for staff and visiting health professionals to make comparisons and have a clear overview. Another person's daily meal recordings were very erratic; often nothing was recorded at all and on some occasions the date was not filled in so we could not tell which week was being referred to. We brought this to the attention of the registered manager who agreed health monitoring must be accurate, robustly completed and accessible. They agreed to address this with staff.

The above concerns are a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living at the service did not have the capacity to consent to their care and treatment. As such the service had applied for authorisations under DoLS on their behalf and had requested reviews of people's DoLS in a timely manner. The kitchen was kept locked on occasions for people's safety. This was appropriately stated in people's DoLS applications and referenced in their DoLS authorisations. We observed staff supported people into the kitchen whenever they wanted to go in there as this was the least restrictive safe option for people. People had a key to their bedroom door so they had choice about who came into their room. Measures were taken to ensure people's safety. Staff always had a means of access, such as a master key for an emergency. People's care plans stated the need to give people choice, for example, "[X] to be included in all decisions about her life." We observed staff gave people choice, for example by asking where they would like to go to at the weekend, giving some suggestions and responding positively to the person's choice.

Staff had received training on nutrition and people's care plans described what food they liked to eat. We saw people eating a nutritious meal made from fresh ingredients by staff. People's care plans stated the support they required to eat a healthy diet, for example, "[X] needs staff to advise him on what healthy foods to eat". We saw that one person's care plan advised they were offered prune juice to avoid constipation and there was prune juice available in the fridge for their use.

The weather during our inspection was hot and we checked people were being offered regular drinks to remain hydrated. We observed that people were being encouraged to drink a variety of drinks. One person recently diagnosed as having diabetes asked if the drink they were being offered was fruit juice. The staff member said, "No it is water" and said to the person, "What is it we say?" The person answered laughing, "Water is good for our health." The staff member confirmed, "Yes that is right, well done." This demonstrated that staff were actively educating people to manage their own wellbeing.

Staff received support to equip them to undertake their role. Staff told us they received supervision sessions from the deputy manager on a regular basis and that they found supervision helpful. One told us, "Yes supervision takes place, you can raise any concerns". Staff confirmed they had received a thorough induction to the service. Staff had completed induction training and had shadowed experienced staff. Staff were observed to ensure they were competent in aspects of care, for example in administering medicines. Staff had received a variety of training to support them in their role. This included first aid, fire safety, medicines administration, nutrition, food hygiene, infection control, moving and handling, risk assessment, equality and diversity, safeguarding adults, and health and safety.

The service was a three storey house on a residential street. There was a communal lounge, sensory /dining room, kitchen and bathrooms. People had en suite toilets and hand basins in their bedrooms. The upper floors were accessed by stairs and there was a hand rail to ensure people's safety. The house would not be accessible to people with mobility support needs but was accessible to the people currently living in the service.

## Is the service caring?

### Our findings

People told us "Yes I like it here, it's great" and "Yes I do like it here." People told us they liked the staff, sometimes naming specific staff members who they liked to see and asked for a specific staff member to take them to their activity. We saw the staff tried to cater to individual support choices whenever possible. One person gave us thumbs up that they liked the staff and we saw them smile and extend their hand to shake hands when a particular staff member came on duty. Staff greeted people when they came on duty, one staff member asked someone "Hi [X] how are you, are you good?" The person replied, "Yes wonderful" and they continued to have a conversation.

Staff we spoke with enjoyed working at the service and demonstrated they liked the people living there. One staff member told us, "I love working here ...I like to see the changes people make here." They described how one person hardly spoke when they arrived at the service some years ago, but now "talked all the time and speaks well." Another staff member told us, "Helping people is a good thing" and described how they "reassure people" saying, "I am there for them."

People had their own key to their bedroom and this gave them privacy when they wanted it. We observed staff speaking in a respectful manner to people, offering privacy. When one person wanted to come into another person's bedroom the staff member asked, "Are you sure [X] can come in?" and supported the person to make the decision they wanted. People's dignity was maintained by staff, and this was demonstrated when we observed a staff member encourage a person to change their clothes. Care plans referred to ensuring people's dignity was encouraged. For example, one person who wore dresses was reminded to sit in a manner that maintained their dignity.

People's care plans gave their ethnicity and their cultural support needs as well as naming their place of birth. Staff demonstrated they understood people's cultural support needs. One person's care plans contained photos that showed how they liked their hair to be plaited in a traditional manner. We saw a staff member plaiting this person's hair as stated using appropriate products to maintain the condition of their hair. Some people's care plans stated "[X] support them to carnival to see more of their background and culture". People's care plans stated if they attended church saying, for example, "[X] would occasionally like to be supported to church" and the church they liked to attend was also specified.

One person's relative told us they were invited to yearly reviews and that they and their family members were involved in the person's care planning and there was discussion between the staff and them about any changes. Care plans did not clearly specify that people had been consulted about how their care should be delivered however there were monthly reviews that detailed people's views about meals, activities and if they were happy at the service. We brought to the registered manager's attention some monthly reports were very brief however they did demonstrate that people were asked their views about aspects of their care and support. The registered manager told us they had identified that notes were brief and had raised this with the staff team so it could be addressed.

## Is the service responsive?

### Our findings

People had individualised person centred plans and a one page profile for quick understanding of what was important to the person. People's plans described 'What is important to me' and detailed what people's likes and dislikes were. Care plans emphasised the positives for people, for example with independent skills "I mostly do all my personal care" and highlighted when people required support such as "prompting to brush my teeth". Care plans detailed people's preferences, for example that they preferred to bathe in the morning and that they liked to wear certain items of clothing and accessories.

People told us about the different activities staff supported them to attend. One person told us, "I like to go to Zumba", another person said, "I went singing and I go to a discos" and another told us, "I go to the café, I go there with staff". Most people's daily notes detailed a wide variety of activities attended and there was good use of the local area and the facilities. People on occasion had been supported to go on holiday. One person described going on holiday with support staff and said, "I went on holiday with [support staff] we went bowling, I was very happy."

There was a comfortable lounge for people to sit in with a TV and DVD player placed for protection high on the wall where it could not be damaged. People's rooms were personalised and contained their photos and possessions. People were supported to maintain their bedrooms, for example one person's room was very tidy as they liked to keep their items in an orderly manner. We were shown photos of staff supporting people to cook. We observed this person being supported to do their laundry, an activity they liked very much, however they were not going out as frequently as other people using the service and they sat for most of the day in the lounge area. The registered manager explained that they used to do more activities but currently often refused to go out with staff. Their care plan recorded some activities they enjoyed such as going to the barber once every two weeks. Work had not been undertaken to explore other activities they might enjoy either within the service or in the local area.

We found that that the provision of activities for people within the service, was limited. People were not benefitting from the full use of the sensory room. It was also used as a dining area and contained no functioning sensory items other than some soft seating. There were no curtains or blinds on the window, which meant the sensory light tube that changed colours would not be effective as it required a darkened room. We saw a lack of resources and equipment to help with the provision of activities for people. There was one puzzle in one person's bedroom and no other sensory objects, puzzles, games or craft activities for people to use.

The garden area was in need of attention to make it safe and inviting. The garden was uneven and soil in a plant bed was much lower than the low brick work surrounding it and, as such, it could be a trip hazard. The wooden garden furniture was old and damaged and required replacing and the grass was mostly worn away. There were no plants or objects of interest for people to look at. There was an area for one person who smoked to use when they wished to. Following our first day of inspection the registered manager had contacted the maintenance staff who had begun to level the flower bed and plans to remove the old garden furniture and make the garden area more inviting were being made.

We recommend that the service consider best practice in engaging people in person centred activities.

People's relatives told us they could raise a concern and that the registered manager was approachable. There was a complaints policy and procedure and an easy read complaint guide for people to use. The complaint logs contained three complaints recorded since November 2016. The registered manager described how these complaints had been addressed appropriately. We brought to the registered manager's attention that in order to track the complaints effectively all documentation to evidence the action taken to address each complaint should be completed and easy to access.

## Is the service well-led?

### Our findings

A staff member told us "I Like it here, it is well organised" and another staff member told us "[The registered manager] is passionate about the home; everyone is pleased to see him."

There was a registered manager in post who was familiar with the service and understood the people who used the service. They had been the registered manager for the service for a number of years but had then worked as the providers' regional manager, overseeing this service and other services and supporting the managers. When the previous manager left in February 2017, the registered manager had taken the decision to return to their role of actively managing the day to day running of Hillgreen Care Limited - 13 Ruskin Road. The registered manager was supported by a deputy manager and a senior support staff member who were also familiar with the service. There was a stable staff team, some of whom had known people living at the service for a number of years, providing continuity of familiar staff for people.

Annual safety checks were undertaken and a staff member had responsibility for health and safety checks at the service. These included weekly checks for fire call bells and monthly fire drills that recorded if service users responded well to the emergency. The management team or the identified staff member checked the environment on a daily basis and completed the monthly health and safety audit. However, these checks and audits were not very effective because these had not identified the concerns we found with the quality of the premises, including the sensory room and the garden so these concerns and shortfalls could be addressed in a timely manner.

The registered manager and deputy manager completed monthly audits of care plans and risk assessments to ensure reviews were taking place in a timely manner. We saw that the registered manager had undertaken audits of the service when in a regional manager role in December 2016, January and February 2017. Some actions to be taken were highlighted in red and we saw these had been undertaken. However, despite the registered manager carrying out these audits, these were not robust enough to identify and address poor staff practices in health recording, infection control, food hygiene and other aspects of the service that needed to improve.

Since returning to work in the manager's role at the service, the registered manager had continued to carry out audits on a monthly basis, however there had been no additional oversight from the provider.

The provider has not demonstrated that they were able to monitor, assess and make improvements to the quality and safety of the services they provided to people. In addition to 13 Ruskin Road, where we have identified concerns, they have a number of other services, where the quality and safety of services people received, were below standard. They had failed to take appropriate action to make the necessary improvements in a timely manner within the services they operated, so people using their services received safe and appropriate care.

The above concerns show that the provider did not have effective quality assurance systems, which is a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014. This is a

breach of regulation that has also been repeated at the provider's other locations.

There were good lines of communication in the service. There was a daily handover from the shift leader to the oncoming shift staff. People's daily notes were read and people's petty cash was counted to ensure the amount recorded was correct. There was also a communication book that was signed by staff coming on duty to say they had read and understood the content. Staff were given a code of conduct when they commenced their role that gave clear guidance of what was expected from them. The code stated, for example, 'Always arrive with a smile on your face' to ensure they acted in a positive manner when working with people. We saw there were reminders for staff in the communication book with regard to good practice and staff meetings had taken place to address concerns and to give staff an opportunity to voice their views.

People were asked for their views of the service by their keyworker on a monthly basis to ensure they were receiving the care they needed. The provider obtained people's views on the care they received by sending questionnaires to people and their relatives. The results were published in a yearly report. Outcomes for all the provider services were in the report and comparisons could be made between the satisfaction results for each service.

The registered manager had requested input from the local authority's learning disabilities team to work with people using the service demonstrating they were working in partnership with the community services.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured that premises and equipment were maintained to a good standard. Regulation 15(1)(a)(d)(e)(2).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements to assess, monitor and improve the quality and safety of the services provided to service users. They also did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>The provider did not always maintain an accurate, complete and contemporaneous record in respect of each service user Regulation 17(1)(2)(a)(b)(c)</p>